



APPLICATION FOR NEW/REMODEL COMMERCIAL/INDUSTRIAL SUBMITTAL

Building Division
Community Development Center
231 NE 5th Street, McMinnville, OR 97128
(503) 434-7314 ♦ Fax (503) 474-4955

This permit is issued under OAR 918-460-0030.
Permits expire if work is not started within 180 days
of issuance or if work is suspended for 180 days.

Applications may be obtained online at:
www.ci.mcminnville.or.us

1. Job Site Location:

Address: _____

2. Property Owner:

Name: _____

Mailing Address: _____

City/State/Zip: _____

3. Applicant:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone No.: _____

Signature: _____

4. General Contractor Information:

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone No.: _____

CCB License No.: _____

Print Name: _____

Signature: _____

Office Use Only	
Permit No.: _____	
Date Received: _____	

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial	
<input type="checkbox"/> New	<input type="checkbox"/> Remodel
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
FEE SCHEDULE	
Job Description: 	
Permit fees are based on the value of the work performed. Indicate the value (round to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation: \$ _____	
Total Square Footage: _____	
Construction Type: 	
PROPERTY OWNER INFORMATION	
This installation is being made on residential property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701-010. Signature: _____	
NOTICE	
STANDARDS: New Sidewalk and Driveway Standards may apply to all new construction and remodels in order to meet current ADA Standards as shown in the PROWAG Design Guidelines (Sept. 2012). An evaluation of the existing sanitary sewer system (onsite) for defects as part of the City's I&I Program may also be required.	

The following information is required before permits will be issued for construction:

Plumbing Contractor Name: _____
CCB#: _____

Electrical Contractor Name: _____
CCB#: _____

Mechanical Contractor Name: _____
CCB#: _____